

Family and Medical Leave

Family and medical leave: evidence from the 2000 surveys

Seven years after the Family and Medical Leave Act, more employees are taking leave for family or medical reasons, and fewer report that they need leave, but are unable to take it; many employers offer leave over and above that required by the Act, and most report no adverse effects on their business

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This article highlights the key findings on family and medical leave policies and practices from two new surveys of employees and establishments conducted by Westat for the Department of Labor in the summer and fall of 2000. The new surveys provide a window on the family and medical leave experiences of employees and employers 7 years after the enactment of the Family and Medical Leave Act (FMLA) and 5 years after the last surveys on family and medical leave were conducted.¹

Prior to the enactment of the FMLA in 1993, the United States had no national family and medical leave legislation, making the Nation an outlier among other industrialized countries.² The Pregnancy Discrimination Act of 1979 required establishments that already offered temporary-disability programs to cover pregnancy as they did any other disability, but the Act did not mandate that establishments actually offer such programs. Some employees had access to family or medical leave through union contracts, employer policies, or State statutes, but coverage under these provisions was rarely as comprehensive as coverage under the FMLA. Indeed, many employees had no family or medical leave coverage prior to the passage of that legislation.

The FMLA, which was enacted by Congress and signed by the President in February 1993, went into effect in August of that year. The Act requires establishments with 50 or more employ-

ees to provide up to 12 weeks of unpaid, job-protected leave per year to eligible employees who need leave for a reason specified under the law (that is, to care for a newborn, a newly adopted child, or a newly placed foster child, to care for a child, spouse, or parent who has a serious health condition, or to treat one's own serious health condition). In order to be eligible, an employee must have worked for the employer for at least 12 months and at least 1,250 hours that year.

Previous research on the FMLA

Two surveys on family and medical leave were conducted in 1995 for the bipartisan Commission on Family and Medical Leave: an employee survey, conducted by the Institute for Social Research at the University of Michigan, and an establishment survey, conducted by Westat. The results of these two surveys, and the rest of the Commission's findings, were presented in the major report, *A Workable Balance: Report to Congress on Family and Medical Leave Policies*, released in 1996. (See note 1.)

The 1996 report concluded that the overall impact of the FMLA on employees had been positive. The report also concluded that the implementation of the law had not caused the types of problems for employers that some had anticipated. Among the most important find-

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ings in this regard were the following:

- *The law led to increased family and medical leave benefits for employees.* Two-thirds of covered establishments reported that they changed some aspect of their family or medical leave policies to come into compliance with the law, and covered establishments were much more likely than noncovered establishments to offer family and medical leave.
- *The law had little or no impact on covered establishments' operations in other respects.* More than 9 in 10 covered establishments said that the FMLA was relatively easy to administer, and most said that the law had no noticeable effect on their business performance.
- *The work of those who took leave was typically covered by other employees.* Most employees took short leaves (of median length 10 days, with 90.0 percent lasting 12 or fewer weeks), and their work was typically covered by being temporarily reassigned to other employees.

However, the 1996 report also pointed to some problems and limitations. Among the most important were the following:

- *Coverage under the law was far from universal.* Only 59.5 percent of private-sector employees worked for covered establishments, and only 46.5 percent were both covered and eligible.
- *Awareness of the law was limited.* A large share of employees at covered establishments (41.9 percent) had not heard of the law.
- *Although most employees were able to take leave when they needed to, a small share was not.* About 3 percent of employees said that they had needed leave for family or medical reasons sometime during the previous 18 months, but were not able to take it.
- *The lack of paid leave was a problem for many employees.* Although most employees were satisfied with the leave they were able to take, many who needed leave but did not take it said that the reason they did not was that they could not afford it.

In addition to the work conducted for the Commission on Family and Medical Leave, there have also been several independent studies of the FMLA. These investigations have found that family leave coverage increased as a result of the Act³ and that the use of family leave also increased for some groups, such as mothers of newborns.⁴ The impact of the FMLA on the use of leave seems to be smaller than its impact on coverage, which may reflect the existence of financial or other barriers to taking leave under the provisions of the Act. Such barriers may be particularly important for men, who had the greatest increase in parental leave coverage, but who have shown little increase in usage to date.⁵

Employee and employer experiences

The new surveys present a detailed look at employee and employer experiences with family and medical leave in 2000, 7 years after the implementation of the FMLA and 5 years after the last detailed surveys. Like the 1995 surveys, the new ones document the extent to which the Act and other family and medical leave policies are meeting the needs of employees without imposing undue burdens on employers. They also point to areas where these needs are unmet or where employers are reporting significant burdens.

The 2000 Survey of Employees interviewed 2,558 U.S. residents who had been employed at any time since January 1, 1999. Three types of individuals were included in the survey: (1) leave takers—that is, employees who took leave from work for a family or medical reason ($N=1,229$); (2) leave needers—that is, employees who needed, but did not take, this type of leave ($N=203$); and (3) other employees—that is, employees who did not take or need leave during the period covered by the survey ($N=1,126$). The 2000 Survey of Establishments gathered information from a random sample of 1,839 private business establishments, some covered by the FMLA and some not. Like the original 1995 survey, the 2000 survey did not include government employers.

The sections that follow summarize the key findings of the 2000 surveys on the seven points highlighted in the previous section: (1) the provision of family and medical leave benefits; (2) the impact of the FMLA on covered establishments; (3) how the work of leave takers is covered; (4) the extent of coverage under the law; (5) the extent of awareness of the law; (6) employees' use of family and medical leave; and (7) employees' satisfaction with family and medical leave. Also summarized are the findings of the 2000 surveys on an eighth topic not included in the earlier surveys: the use of family and medical leave by parents of very young children.

Provision of family and medical leave benefits. As shown in table 1, the 2000 Survey of Establishments found that 83.7 percent of establishments covered by the law provided all five benefits it mandates (that is, 12 weeks of leave for employees' own serious health conditions, mothers' maternity-related reasons, parents' care for newborns, parents' care for adoptive or foster children, and employees' care for a child, spouse, or parent with a serious health condition). By contrast, only 33.5 percent of establishments not covered by the law offered all five benefits. Thus, covered establishments were much more likely to offer FMLA-type benefits than were noncovered establishments. However, the table also shows that the gap between covered and noncovered establishments is narrowing: establishments not covered by the law were significantly more likely to offer such benefits in 2000 than they were 5 years earlier.⁶

Table 1. Provision of family and medical leave benefits, by establishment coverage, 1995 and 2000

[In percent]		
Provision	1995	2000
Provide all five mandated benefits:		
Establishments covered		
by the law	88.0	83.7
Establishments not covered by the law ¹ ...	20.7	33.5
Offer more than 12 weeks of leave:		
Establishments covered by the law	—	22.9
Establishments not covered by the law	—	21.1
Cover employees who worked fewer than 12 months:		
Establishments covered by the law	—	28.7
Establishments not covered by the law	—	28.0
Cover employees who worked fewer than 1,250 hours:		
Establishments covered by the law	—	27.0
Establishments not covered by the law	—	26.8

¹ Difference between 1995 and 2000 is statistically significant at $p < .05$.

NOTE: Dash indicates data not available.

SOURCE: David Cantor, Jane Waldfogel, Jeff Kerwin, Mareena McKinley Wright, Kerry Levin, John Rauch, Tracey Hagerty, and Martha Stapleton Kudela, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update* (Rockville, MD, Westat, 2001), figure 5.2 and table 5.4.

In addition, the 2000 survey data indicate that a sizable minority of both covered and noncovered establishments is offering leave beyond that mandated by the FMLA, by providing more than 12 weeks of leave, covering employees who did not work 12 months, or covering employees who did not work 1,250 hours in the previous year. (Questions about these topics were not asked in the 1995 survey.)

Impact on covered establishments. As shown in table 2, the share of covered establishments reporting that it was somewhat or very easy to comply with the administrative requirements of the FMLA declined from 85.1 percent in 1995 to 63.6 percent in 2000. That year, establishments reported more difficulty than they had had in 1995 with maintaining additional records, determining whether certain employees were eligible for benefits, coordinating State and Federal leave policies, coordinating the Act with other Federal laws, and coordinating the Act with other leave policies.⁷

At the same time, however, covered establishments generally reported that the FMLA had no noticeable effect on their business as regards productivity, profitability, and growth. When asked specifically about intermittent leave, a type of leave that might be particularly disruptive, a majority of covered establishments in the 2000 survey said that it had no impact on their productivity or profitability. (No such question was asked in the 1995 survey.)

How work is covered while employees are on leave. As in

1995, most leaves reported in the 2000 survey were short, and the most commonly reported method of covering work when an employee took leave was to assign the work temporarily to other employees. As shown in the following tabulation, the median length of leave in 2000 was 10 days, the same as in 1995, and again, about 90 percent of leaves were for 12 or fewer weeks:⁸

<i>Length of leave and method of covering work</i>	<i>1995</i>	<i>2000</i>
Median length of leave, days	10	10
Leaves lasting 12 or fewer weeks, percent	90.7	90.1
Establishments assigning work to other employees, percent	97.1	98.3
Establishments hiring temporary-replacement workers, percent*	60.5	41.3

*Difference between 1995 and 2000 is statistically significant at $p < .05$.

In both years, more than 97 percent of employers said that the most common method of covering the work of leave takers was to assign it temporarily to other employees. The second most commonly cited method in both years was hiring an outside temporary-replacement worker, but this method was used by significantly fewer establishments in 2000 (41.3 percent) than in 1995 (60.5 percent).⁹

Coverage. The shares of establishments and employees covered under the FMLA were about the same in 2000 as they were in 1995: 10.8 percent of establishments were covered in 2000, compared with the same figure in 1995, and 58.3 percent of employees worked in covered establishments in 2000, compared with 59.5 percent in 1995. Data from the 2000 Survey of Employ-

Table 2. Impact of FMLA on covered establishments, 1995 and 2000

[In percent]		
Category	1995	2000
Very or somewhat easy to comply with ¹	85.1	63.6
No noticeable effect, or a positive effect, on:		
Business productivity	92.8	83.6
Business profitability ²	93.7	90.2
Business growth	96.9	90.3
No impact of intermittent leave on:		
Productivity	—	81.2
Profitability	—	93.7

¹ Difference between 1995 and 2000 is statistically significant at $p < .05$.

² Difference between 1995 and 2000 is statistically significant at $p < .10$.

NOTE: Dash indicates data not available.

SOURCE: David Cantor, Jane Waldfogel, Jeff Kerwin, Mareena McKinley Wright, Kerry Levin, John Rauch, Tracey Hagerty, and Martha Stapleton Kudela, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update* (Rockville, MD, Westat, 2001), tables 6.4, 6.5, and A2-6.13.

ees indicate that about a fifth (19.5 percent) of covered employees were not eligible under the law, because they did not meet the tenure or working-hours requirements,¹⁰ about the same share as in 1995. This suggests that only about 46.9 percent of private-sector employees were both covered and eligible for FMLA leave, close to the same share as in 1995 (46.5 percent).¹¹ Thus, leave rights under the Act are still far from universal.

Awareness of the FMLA. Awareness of the law is, as expected, much higher in covered establishments than in noncovered establishments, of which more than half report not knowing whether they are covered. (See table 3.) A majority of employees in both covered and noncovered establishments have heard of the FMLA, but about half do not know whether the law applies to them. Employee awareness has increased since 1995 in both covered and noncovered establishments, as evidenced by the significant declines in the share of employees who do not know whether they are covered.

Employees' use of family and medical leave. One-sixth of all employees (16.5 percent) took leave for a family or medical reason in the 18 months prior to the 2000 survey, about the same percentage as did in the 1995 survey (16.0 percent). (See table 4.) Leave taking increased significantly between 1995 and 2000 for some demographic groups: older employees (aged 50 to 64), married employees, employees with children, and those with incomes of \$50,000 to less than \$75,000.

There was a significant shift between 1995 and 2000 in the reasons that individuals took leave, as shown in the following tabulation:¹²

Reason for taking leave	Percent distribution	
	1995	2000
Own health*	61.4	47.2
Maternity or disability*	4.6	7.8
Care for newborn, newly adopted child, or newly placed foster child	14.3	17.9
Care for ill child	8.5	9.8
Care for ill spouse*	3.6	5.9
Care for ill parent*	7.6	11.4

*Difference between 1995 and 2000 is statistically significant at $p < .05$.

In both years, the employee's own health was the most commonly mentioned reason for taking leave; however, employees who took leave in 2000 were less likely to do so for their own health than were employees in 1995 and more likely to take leave for other reasons, such as maternity or disability, care for an ill spouse, or care for an ill parent. The reasons for this shift are unclear. The increased use of leave for reasons other than one's own health may reflect a growing awareness and acceptance of the types of leave afforded under the FMLA and other family and medical leave policies, but there is no obvi-

Table 3. Awareness of the FMLA, 1995 and 2000

[In percent]		
Category	1995	2000
Employers who don't know whether they are covered:		
Establishments covered by the law	12.3	15.0
Establishments not covered by the law	56.5	55.0
Employees who have heard of the law:		
Establishments covered by the law	59.0	59.3
Establishments not covered by the law ¹	50.2	58.2
Employees who don't know whether they are covered:		
Establishments covered by the law ²	59.6	49.0
Establishments not covered by the law ²	68.2	51.2

¹ Difference between 1995 and 2000 is statistically significant at $p < .10$.

² Difference between 1995 and 2000 is statistically significant at $p < .05$.

SOURCE: David Cantor, Jane Waldfogel, Jeff Kerwin, Mareena McKinley Wright, Kerry Levin, John Rauch, Tracey Hagerty, and Martha Stapleton Kudela, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update* (Rockville, MD, Westat, 2001), tables 3.4 and A2-3.10 and figures 3.1, 3.3, and 3.4.

ous explanation why leave taking for one's own health would have declined over the period, unless employees' total leave taking is constrained such that they must cut back on leave for their own health if they take leave for other reasons.

Although overall leave taking did not increase from 1995 to 2000, taking leave covered by the FMLA did. This dichotomy is consistent with the shift in the reasons for taking leave noted in the previous paragraph. The employer and employee surveys provide different estimates of the magnitude of the use of the Act, but both point to an increase. The employee data show that the share of employees who took leave under the FMLA rose from 1.2 percent in 1995 to 1.9 percent in 2000.¹³ The employer data show an increase in use from 3.6 percent of employees in 1995 to 6.5 percent in 2000.¹⁴

The share of employees needing leave, but not taking it, dropped significantly between 1995 and 2000. Only 2.4 percent of employees said that they needed leave, but could not take it, in 2000, significantly less than the 3.1 percent who reported needing, but not taking, leave in 1995.¹⁵ In both years, the most common reason for not taking needed leave was the inability to afford it. In 2000, this reason was cited by 77.6 percent of those who needed, but did not take, leave.¹⁶

Employees' satisfaction with family and medical leave. A large majority of leave takers said that taking leave had positive effects on their ability to care for family members (78.7 percent), their own or family members' emotional well-being (70.1 percent), and their own or family members' physical health (63.0 percent); among those who cited positive effects on health, a large majority said that taking leave made it easier for them to comply with doctors' instructions (93.5 percent) and led to a quicker recovery period (83.7 percent).¹⁷

Table 4. Share of employees taking leave for family or medical reasons, 1995 and 2000

[In percent]

Category	1995	2000
All employees	16.0	16.5
Sex:		
Men	12.7	13.5
Women	20.0	19.8
Age:		
18–24	12.8	11.2
25–34	21.1	20.2
35–49	15.8	16.6
50–64 ¹	12.9	17.0
65 or older	14.4	11.6
Marital status:		
Married or living with partner ¹	16.4	18.5
Previously married	19.6	20.0
Never married	11.7	9.2
Children under 18 in household:		
One or more children ¹	20.2	24.4
No children	12.8	11.3
Annual family income:		
Less than \$20,000	16.9	16.5
\$20,000 to less than \$30,000	19.2	16.2
\$30,000 to less than \$50,000	16.0	18.3
\$50,000 to less than \$75,000 ²	15.7	19.9
\$75,000 to less than \$100,000	17.5	16.8
\$100,000 or more	16.7	18.1

¹ Difference between 1995 and 2000 is statistically significant at $p < .05$.

² Difference between 1995 and 2000 is statistically significant at $p < .10$.

SOURCE: David Cantor, Jane Waldfogel, Jeff Kerwin, Mareena McKinley Wright, Kerry Levin, John Rauch, Tracey Hagerty, and Martha Stapleton Kudela, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update* (Rockville, MD, Westat, 2001), table A2–2.7.

Most leave takers (72.6 percent) were somewhat or very satisfied with the amount of time they took during their longest leave. However, the share reporting that they were very satisfied was significantly lower in 2000 (42.2 percent) than in 1995 (48.2 percent).¹⁸

The most frequently cited concern of leave takers was financial, with more than half (53.8 percent) worried about not having enough money to pay bills.¹⁹ Overall, about one-third of leave takers (34.2 percent) received no pay during their leave, about the same share as in 1995 (33.6 percent). The likelihood of receiving no pay varied a good deal by employee characteristics, as shown in table 5.

More than a third of women leave takers (37.5 percent) received no pay (compared with 29.6 percent of men). There were also significant differences by factors such as age and household income. At one extreme, more than two-thirds of leave takers who were young (aged 18 to 24) or who had an annual household income of less than \$20,000 received no pay during their leave, while at the other extreme, less than one-quarter of leave takers who were older (aged 50–64) or who had an annual household income of \$50,000 or more received no pay.

More than half (58.2 percent) of the leave takers who did not receive their full pay or who did not receive any pay while on

leave reported that it was somewhat or very difficult to make ends meet, and about half (50.9 percent) said that they would have taken a longer leave if some or additional pay had been available.²⁰

As noted earlier, a small share of employees said that they needed leave, but did not take it. The most commonly cited reason for this group's not taking leave was financial, with 77 percent saying that they did not take leave because they could not afford it, a significant increase from 1995, when about two-thirds of those needing, but not taking, leave (65.9 percent) said that the reason was financial.²¹ In a follow-up question asked in the 2000 survey, 87.8 percent of this group said that they would have taken leave if some or additional pay had been available.²²

Use of leave by employees with young children. The 2000 survey of employees contained a special set of questions designed to track the use of leave by employees with children born during the previous 18 months, the period covered by the retrospective portion of the survey. These questions provide a fascinating look at the use of leave by parents of young children in 2000, although, regrettably, comparable data for 1995 are not available.

As shown in the following tabulation, about three-quarters of employees with children aged 18 months or younger work at FMLA-covered work sites:²³

Share and reason	Percent	
	Men	Women
Share covered	75.0	74.5
Share covered and eligible	66.7	56.3
Share taking leave for a covered reason	45.1	75.8
Reason for leave, across all leaves taken:		
Own health	9.1	15.3
Maternity-disability0	32.4
Newborn, newly adopted child, or newly placed foster child	34.1	35.8

Two-thirds (66.7 percent) of the men with young children and somewhat more than half (56.3 percent) of the women meet the eligibility requirements under the FMLA. Not surprisingly, a large share of employees with young children took some leave during the 18 months prior to the survey: 75.8 percent of women and 45.1 percent of men. Slightly more than a third of men with young children (34.1 percent) and women with young children (35.8 percent) took some leave to care for a newborn, a newly adopted child, or a newly placed foster child. In addition, about a third of women with young children (32.4 percent) took some leave for maternity or disability.

SEVEN YEARS AFTER THE FAMILY AND MEDICAL LEAVE ACT CAME INTO EFFECT, the year-2000 surveys of employers and employees indicate that family and medical leave is becoming a more important part of the experience of employers and employees. On the employer side, more establishments are offering family and medical leave policies, in many instances going beyond

what is required by the FMLA. Although an increasing share of establishments covered by the Act are reporting that it is difficult to administer, a solid majority of covered establishments—two-thirds—is finding the Act easy to administer, and an even larger majority of establishments reports that the FMLA has had no adverse effects on their business. These mixed reports from establishments suggest the need for further research on employers' experiences with family and medical leave policies. In this regard, it would be particularly useful to study employers' experiences with the Act and with family and medical leave policies in the context of their experiences with other mandated benefits and other types of leave and personnel policies. That way, researchers can better understand the extent to which their reported difficulties with the FMLA are comparable to those experienced with other types of personnel policies and mandates. Future research should also further explore the experience of noncovered establishments that offer FMLA-like coverage, in order to better understand the factors motivating these establishments to adopt such policies and also to better understand their experiences with them.

Table 5. Share of employees who received no pay during their longest leave, 1995 and 2000

[in percent]

Category	1995	2000
All employees	33.6	34.2
Sex: ¹		
Men	—	29.6
Women	—	37.5
Age: ¹		
18–24	—	69.7
25–34	—	35.0
35–49	—	31.5
50–64	—	19.7
65 or older	—	44.2
Marital status: ¹		
Married or living with partner	—	30.9
Previously married	—	26.5
Never married	—	62.6
Children under 18 in household:		
One or more children	—	33.8
No children	—	34.4
Annual family income: ¹		
Less than \$20,000	—	73.8
\$20,000 to less than \$30,000	—	37.6
\$30,000 to less than \$50,000	—	32.3
\$50,000 to less than \$75,000	—	23.8
\$75,000 to less than \$100,000	—	18.8
\$100,000 or more	—	20.6

¹ Differences within groups in this subcategory for 2000 are statistically significant at $p < .05$.

NOTE: Dash indicates data not available.

SOURCE: David Cantor, Jane Waldfogel, Jeff Kerwin, Mareena McKinley Wright, Kerry Levin, John Rauch, Tracey Hagerty, and Martha Stapleton Kudela, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update* (Rockville, MD, Westat, 2001), tables 4.4 and A2–4.1.

On the employee side, employees are using FMLA leave in increasing numbers, and the use of leave for family and medical reasons is rising for groups of employees who may be particularly likely to have family or medical needs (for example, employees with children, who may be more likely to have young children who need care, and older employees, who may be more likely to have seriously ill spouses or parents). In contrast, the proportion of those who say that they needed leave for a family or medical reason, but were not able to take it, is declining. Employees who have used leave generally report that they are satisfied with the leave they took and that it had a positive effect on their own and their families' health and well-being. The major problem that emerges from the data on employees is financial: more than half of leave takers worry about not having enough money for bills. Many leave takers report having difficulty making ends meet during their leave, and some cut their leave short due to financial constraints. In addition, a substantial share of those who need, but do not take, leave say that they did not take the leave they needed because they could not afford it. The new data also suggest that there may be constraints on the total length of leave that employees can take, such that employees may be cutting back leave for their own health if they are taking leave for other family- or medical-related reasons. These issues should be explored in future research. Specialized studies of groups with high family and medical leave needs (such as employees with young children or with elderly relatives) would be particularly welcome.

A number of changes to the FMLA have been proposed since the law was implemented, although none have been enacted to date. The results of the new surveys point to two problem areas that are particularly pressing. The first is the need to make some provision for paid leave. This is an area that has received a great deal of attention in recent years, and one avenue that is currently being pursued is allowing parents to use unemployment benefits when they take leave to care for a newborn or a newly adopted child. The Department of Labor issued a rule in June 2000 permitting States to experiment with providing unemployment compensation in such situations, and several States are now considering legislation along these lines. It may be worthwhile examining other options for paid leave as well (for example, a temporary disability insurance program, similar to those currently in place in several States; a separate paid parental leave program, similar to those used by many other industrialized countries; or an "early childhood benefits" program which would provide cash that new parents could use to subsidize leave or child care, similar to programs recently introduced in a few Nordic countries).²⁴ Prospects for such legislation are uncertain at the national level, so efforts are likely to focus at the State level in the immediate future.

A second pressing problem area, which also has received a great deal of attention recently, is extending leave to employees

who are not currently covered or eligible—for instance, those working at establishments covered by the law, but not meeting the requirements for eligibility, or those working at smaller establishments not covered by the law. Legislation that would amend the FMLA to extend coverage to employees in businesses with 25

to 50 employees (as well as to fund the replacement of wages for some employees who take leave after the birth of a child) has been proposed in Congress, but the prospects for congressional action are uncertain. Thus, progress on this issue, too, may depend on action at the State level. □

Notes

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¹ Further details on the 1995 surveys and their findings can be found in Commission on Family and Medical Leave, *A Workable Balance: Report to Congress on Family Medical Leave Policies* (U.S. Department of Labor, Women's Bureau, 1996); executive summary available on the Internet at www.dol.gov/dol/esa/public/regs/compliance/whd/fmla/summary.htm. Further details on the 2000 surveys and their findings can be found in David Cantor, Jane Waldfogel, Jeff Kerwin, Mareena McKinley Wright, Kerry Levin, John Rauch, Tracey Hagerty, and Martha Stapleton Kudela, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update* (Rockville, MD, Westat, 2001); on the Internet at <http://www.dol.gov/asp/fmla/main.htm>. The 2000 surveys are also on the Internet at www.dol.gov/asp/fmla/database.htm.

² See Sheila Kamerman, "Parental Leave Policies: An Essential Ingredient in Early Childhood Education and Care Policies," *Social Policy Report*, vol. 14, no. 2, 2000, pp. 3–15; and "From Maternity to Parenting Policies: Women's Health, Employment, and Child and Family Well-Being," *Journal of the American Women's Medical Association*, in press; see also Peter Moss and Fred Deven (eds.), *Parental Leave: Progress or Pitfall? Research and Policy Issues in Europe* (Brussels, CBGS Publications, 1999); and Elizabeth Olson, "U.N. Surveys Paid Leave for Mothers: U.S. among Nations without a Policy," *The New York Times*, Feb. 16, 1998, p. A.5.

³ Jane Waldfogel, "Family leave coverage in the 1990s," *Monthly Labor Review*, October 1999, pp. 13–21; and "The Impact of the Family and Medical Leave Act," *Journal of Policy Analysis and Management*, vol. 18, no. 2, 1999, pp. 281–302.

⁴ Katherin Ross, "Labor Pains: The Effects of the Family and Medical Leave Act on Recent Mothers' Returns to Work after Childbirth," paper presented at the annual meeting of the Population Association of America, Chicago, Apr. 2–4, 1998; Waldfogel, "Family and Medical Leave Act"; and Jane Waldfogel, Wenjui Han, and Katherin Ross Phillips, "Parental Leave-Taking and the FMLA," revised version of paper presented at the annual meeting of the Population Association of America, Los Angeles, Mar. 24, 2000. See also related research summarized in Christopher Ruhm, "Policy Watch: The Family and Medical Leave Act," *Journal of Economic Perspectives*, vol. 11, no. 3, 1997, pp. 175–86.

⁵ See Martin Malin, "Fathers and Parental Leave," *Texas Law Review*, vol. 72, no. 5, 1994, pp. 1047–95; and "Fathers and Parental Leave Revisited," *Northern Illinois University Law Review*, vol. 19, no. 1, 1998, pp. 25–56; and Waldfogel, Han, and Ross Phillips, "Parental

Leave-Taking."

⁶ The reasons for this increase are not clear. Noncovered establishments may be increasing their provision of these benefits either as a way of keeping up with the benefits offered by covered establishments in a tight labor market or as a way of responding to the increased attention that family and medical leave issues have received in recent years.

⁷ Cantor et al., *Balancing the Needs of Families and Employers*, table 6.4.

⁸ *Ibid.*, tables 6.3 and A2–2.2.

⁹ The data from the Survey of Employees tell a similar story: the most common method for covering work, according to employees who had taken leave, was to assign it to other workers, and the share of leave takers who said their work was covered by a temporary replacement was significantly lower in 2000 than in 1995.

¹⁰ Cantor et al., *Balancing the Needs of Families and Employers*, table A2–3.1.

¹¹ The 46.9-percent figure was calculated by multiplying the share of employees identified as covered in the 2000 Survey of Establishments (58.3 percent) by the share of covered employees identified as eligible in the survey (80.5 percent). All the figures in this paragraph are from Commission on Family and Medical Leave, *A Workable Balance*, Executive Summary; and Cantor et al., *Balancing the Needs of Families and Employers*, tables 3.1 and A.2–3.2.

¹² Cantor et al., *Balancing the Needs of Families and Employers*, table 2.5.

¹³ $p < .05$. See Cantor et al., *Balancing the Needs of Families and Employers*, table 3.5.

¹⁴ *Ibid.*, table 3.6.

¹⁵ $p < .05$. See Cantor et al., *Balancing the Needs of Families and Employers*, table 2.14.

¹⁶ *Ibid.*, table 2.17.

¹⁷ *Ibid.*, tables 4.10 and 4.11; comparable data for 1995 are not available.

¹⁸ *Ibid.*, figure 4.3.

¹⁹ *Ibid.*, table 4.1; comparable data for 1995 are not available.

²⁰ *Ibid.*, figure 4.2 and table 4.9; comparable data for 1995 are not available.

²¹ *Ibid.*, table 2.17.

²² *Ibid.*, table 2.18.

²³ *Ibid.*, tables 4.16, 4.17, and 4.19.

²⁴ Jane Waldfogel, "What Other Nations Do: International Policies toward Parental Leave and Child Care," paper prepared for a special issue of *The Future of Children* on "Caring for Infants and Toddlers," spring–summer 2001, pp. 99–111.